

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D





Serial

| DATE RECEIVED |
|----------------------------------|
| |
| 6) ULOE |
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| |
| Tumber (Including Area Code) 879 |
| Jumber (Including Area Gode) |
| |

Prefix

| Name of Offering (check if this is an amendment and name has changed, and indicate | change.) |
|--|--|
| KC Group, LLC Class B Membership Interests | |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S | ection 4(6) ULOE |
| Type of Filing: ☐ New Filing ☐ Amendment | |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate ch | ange.) |
| KC Group, LLC | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Tele 10764 Springston Court Fishers, Indiana 46038 31 | ephone Number (Including Area Code) 7-679-8879 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Tele (if different from Executive Offices) Same as above. Same | ephone Number (Including Area Gode) me as above |
| Brief Description of Business Merchandise and Apparel Company | JUN 2 2 2005 THOMSON THOMSON |
| Type of Business Organization □ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed | other (please specify FIDIANCIAL |
| Actual or Estimated Date of Incorporation or Organization: Month Year 0 4 0 5 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrev CN for Canada; FN for other foreign jurisdiction | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Check Box(es) that Apply: | ☐ Promoter | ■ Beneficial Owner | | ☐ Director | ☐ General and/or Managing Partner |
|--|-------------------|----------------------------|--|----------------|--------------------------------------|
| Full Name (Last name first, | if individual) | | | | |
| Kiel, Blair | ŕ | | | | |
| Business or Residence Addr | ess (Number and | d Street, City, State, Zip | Code) | | |
| 10764 Springston Court | Fishers, Indi | ana 46038 | | | |
| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner ■ | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, Compton, Ray | if individual) | | | | |
| Business or Residence Addr | ess (Number and | d Street, City, State, Zip | Code) | 7.1944 | or and the second |
| 12270 Sydney Bay Cour | | | Heliophic and the second | and the second | |
| Check Box(es) that Apply: | | | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number and | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | and the second s | | |
| Business or Residence Addr | ess (Number and | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number and | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first; | if individual) | | Paradakan kanan kana Malangaran kanan kan Malangaran kanan kan | | |
| Business or Residence Addre | ess (Number and | | The state of the s | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| | : C : d : d : 1) | | | | |
| Full Name (Last name first, | ii ingividuai) | | | | |

| -1, 10, 10, 10 1, 10, 10 | | | | *************************************** | B. INF | ORMAT | <u>ION ABO</u> | OUT OFF | ERING | | Report Control | 1 | Allega des estas designados. |
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| | | | | | | | | | _ | | | | |
| 2. | What i | s the mini | mum inve | stment tha | t will be a | ccepted fr | rom any in | dividual?. | ••••• | ••••• | ••••• | ••••• | |
| 3. | Does th | he offering | g permit jo | oint owner | ship of a s | ingle unit | ? | ••••• | | | | | |
| 4. | sion or to be list list the | similar reasted is an annume of the | muneration associated ne broker (| for solicit person or or dealer. | ation of pu agent of a If more th | irchasers in broker of an five (5) | n connection of dealer re of persons t | on with sal gistered w to be listed | es of secur ith the SE | rities in the C and/or | e offering. I with a state | If a persor or states | 1 |
| Full | Name (| Last name | first, if in | dividual) | | | | | | | | | |
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| Bus | iness or | Residence | Address | (Number a | ind Street, | City, Stat | te, Zip Coo | de) | | | | | |
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| ruii | Maine (| Last name | : 111St, 11 111 | urviduar) | | | | | | | | | |
| Rus | iness or | Residence | Address | Number a | and Street | City Stat | te Zin Coo | de) | | | | | |
| Dus. | iness or | residence | / riddiess | (Trumber a | ina Street, | City, Otal | .c, 21p co | 10) | | | | | |
| Nan | ne of Ass | sociated B | roker or F |)ealer | | | | | | | | _ | |
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| State | es in Wh | ich Perso | n Listed H | as Solicite | ed or Inter | ds to Soli | cit Purcha | sers | | | | | |
| | | | | | | | | | • | • | | | ☐ All States |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full | Name (| Last name | first, if in | dividual) | | | | | | | - | . | |
| | ` | | , | , | | | | | | | | | |
| Bus | iness or | Residence | Address | Number a | nd Street, | City, Stat | te, Zip Coo | ie) | | | | | |
| | | | | | | • | • | | | | | | |
| Answer also in Appendix, Column 2, if filing under ULOE. Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | | | |
| Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SIC and/or with a state or states, list the name of the broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, containing the persons of such a broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, containing the persons of such a broker or dealer, containing the persons of such a broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, containing the persons of such a broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer registered with the SIC and/or with a state or states, list the name first, if individual) Not Applicable Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers All States in Which Person Listed Has Solicited or Intends to Solic | | | | | | | | | | | | | |
| State | es in Wh | ich Perso | n Listed H | as Solicite | d or Inter | ds to Soli | cit Purcha | sers | | | | | |
| | | | | | | | ••••• | | | | | | ☐ All States |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|----|---|----------------------------|-------------|---|
| | Type of Security | Aggregate Offering Pric | :e | Amount Already Sold |
| | Debt | \$0 | | \$0 |
| | Equity | \$ | | \$ |
| | ☐ Common ☐ Preferred | | _ | |
| | Convertible Securities (including warrants) | \$ | _ | \$ |
| | Partnership Interests | \$0 | _ | \$0 |
| | Other (Specify Class B Memhership Interests) | \$ 125,000 | _ | \$.75,000 |
| | Total | \$ 125,000 | _ | \$ 75,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| | | Number Investors | | Aggregate Dollar Amoun of Purchases |
| | Accredited Investors | 3 | _ | \$ 75,000 |
| | Non-accredited Investors | 0 | _ | \$ 0 |
| | Total (for filings under Rule 504 only) | | _ | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | Thursday. | | Dellas Assessed |
| | Type of offering | Type of Security | | Dollar Amount Sold |
| | Rule 505 | | _ | \$ |
| | Regulation A | | _ | \$ |
| | Rule 504 | | _ | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | | | \$0 |
| | Printing and Engraving Costs | ••••• | | \$ O |
| | Legal Fees | | \boxtimes | \$ 15,000 |
| | Accounting Fees | | | \$ 0 |
| | Engineering Fees | | | \$0 |
| | Sales Commissions (specify finders' fees separately) | | | \$ 0 |
| | Other Expenses (identify) | | | \$ 0 |
| | Total | | × | \$ 15,000 |

| 2 7 4 | C. OFFERING PRICE, NUN | 1BER OF INVESTORS, EXPENSES AND | USE OF PROCEE | DS |
|-------|---|--|--|--|
| | tion 1 and total expenses furnished in respo | gate offering price given in response to Part C – onse to Part C - Question 4.a. This difference i | s the | \$ 110.000 |
| 5. | used for each of the purposes shown. If the estimate and check the box to the left of the | gross proceeds to the issuer used or proposed to amount for any purpose is not known, furnisestimate. The total of the payments listed must be to forth in response to Part C - Question 4.b about | h an equal | |
| | the adjusted gross proceeds to the issuer ser | t total in response to I art C - Question 4.0 aod | Payments to Officers, Directors, & Affiliates | Payments To Others |
| | Salaries and fees | | ⊠\$ 30,000 | □\$ <u>0</u> |
| | Purchase of real estate | | □ \$ 0 | □\$ <u>0</u> |
| | Purchase, rental or leasing and install | ation of machinery and equipment | □ <u>\$_0</u> | □\$ <u>0</u> |
| | Construction or leasing of plant build | ings and facilities | □\$ 0 | ⊠\$ 4,000 |
| | Acquisition of other businesses (inclu offering that may be used in exchange issuer pursuant to a merger) | □ <u>\$ 0</u> | □ <u>\$</u> 0 | |
| | Repayment of indebtedness | | □ \$ 0 | □\$ <u>0</u> |
| | Working capital | | □\$ 0 | ⊠\$ 76,000 |
| | Other (specify): | | □\$ <u>0</u> | <u>□\$</u> 0 |
| | | | □ \$ 0 | □\$ 0 |
| | Column Totals | | ⊠\$ 30,000 | ⊠\$ 80,000 |
| | Total Payments Listed (column totals | added) | ⊠ \$ 11 | 0,000 |
| | | D. FEDERAL SIGNATURE | | Service (Control of the Control of t |
| follo | wing signature constitutes an undertaking by | ed by the undersigned duly authorized person. the issuer to furnish to the U.S. Securities and e issuer to any non-accredited investor pursua | Exchange Commiss | ion, upon written re- |
| Issu | er (Print or Type) | Signature | Date | |
| KC. | Group, LLC | | June | 14, 2005 |
| - | e of Signer (Print or Type) | Title of Signer (Print or Type) | | <u> </u> |
| Blai | r Kiel | Manager | | |
| | | | | |

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---- ATTENTION-----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions | Yes | No |
|----|--|-----|-------------|
| | of such rule? | | \boxtimes |
| | See Appendix, Column 5, for state response. | | |

E. STATE SIGNATURE

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. (N/A)
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. (N/A)
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. (N/A)

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) KC Group, LLC | Signature | Date June 14, 2005 |
|---|----------------------------------|-----------------------|
| Name (Print or Type) Blair Kiel | Title (Print or Type) Manager | |

Instruction .

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | 2 3 | | | 4 5 Disqualification | | | | | | |
|-------|----------|--|---|--------------------------------------|--|--|-------------|-----|----|--|
| | to non-a | to sell ccredited s in State s-Item1) | Type of security and aggregate offering price offered in State (Part C-Item1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | Class B Membership Interests | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
| AK | | | | | | | | | | |
| AZ | | | | | | | | | | |
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| ID | | 1 | | | | | | | | |
| IL | | | | | | | | | | |
| IN | | X | \$125,000 | 3 | \$75,000 | 0 | \$0 | | X | |
| IA | | | | | | | | | | |
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| MN | | | | | | | | | | |
| MS | <u> </u> | | | | | | | | | |

APPENDIX

| 1 | | 2 | 3 | 4 | | | | 5 | |
|-------|-------------------|---|---|--------------------------------------|--|--|------------|-----|----|
| | to non-a investor | to sell ccredited s in State -Item1) | Type of security and aggregate offering price offered in State (Part C-Item1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | |
| State | Yes | No | Series A-1 Convertible Preferred Stock | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| МО | 100 | | | | 72.2.0 | | | | |
| MT | | | | | | | <u> </u> | | |
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| WI | | | | | | | | | |

APPENDIX

| 1 | | 2 | 3 | | | 5 | | | |
|-------|----------|--|---|---|--------|--|--------|---|----|
| | to non-a | to sell ccredited s in State I-Item1) | Type of security and aggregate offering price offered in State (Part C-Item1) | regate price Type of investor and amount purchased in State | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | | | | | | | |
| PR | | | | | | | | | |